

# Washington State Certificate of Death

Local File Number **44**

State File Number

1. Legal Name (include AKA's if any) First Middle LAST		2. Death Date	
3. Sex (M/F) <b>M</b>		4a. Age - Last Birthday <b>67</b>	4b. Under 1 Year Months Days
4c. Under 1 Day Hours Minutes		5. Social Security Number	6. County of Death
7. Birthdate		8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)
9. Decedent's Education <b>Doctorate Degree</b>		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>	
11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence - Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)		13b. City or Town	
13c. Residence - County		13d. Tribal Reservation Name (if applicable) <b>NA</b>	13e. State or Foreign Country <b>WA</b>
13f. Zip Code + 4		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence <b>17 years</b>		15. Marital Status at Time of Death <b>Married</b>	
16. Surviving Spouse's Name (Give name prior to first marriage)		17. Usual Occupation (Indicate type of work done during most of working life (DO NOT USE RETIRED)) <b>Management Consultant</b>	
18. Kind of Business/Industry (Do not use Company Name) <b>Construction</b>		19. Father's Name (First, Middle, Last, Suffix)	
20. Mother's Name Before First Marriage (First, Middle, Last)		21. Informant's Name	
22. Relationship to Decedent <b>Wife</b>		23. Mailing Address - Number and Street or RFD No. City or Town State Zip	
24. Place of Death, if Death Occurred in a Hospital		24. Place of Death, if Death Occurred Somewhere Other than a Hospital <b>Residence</b>	
25. Facility Name (if not a facility, give number & street or location)		26a. City, Town, or Location of Death	26b. State
27. Zip Code		28. Method of Disposition <b>Burial</b>	
29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Unionville Ranch Cemetery</b>		30. Location-City, Town, and State	
31. Name and Complete Address of Funeral Facility <b>Steward &amp; Williams Tribute Center, 301 E 3rd Ave., Ellensburg, WA 98926</b>		32. Date of Disposition	
33. Funeral			

## Cause of Death (See instructions and examples)

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **2 yrs**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. Due to (or as a consequence of)

c. Due to (or as a consequence of)

d. Due to (or as a consequence of)

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? ☐ Yes ☒ No

37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No

38. Manner of Death ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending

39. If female ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury - Number & Street City or Town County State Zip Code + 4

46. Describe how injury occurred

47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician **X**

48b. Medical Examiner/Coroner **X**

49. Name and Address of Certifier - Physician (Medical Examiner or Coroner) (Type or Print)

50. Hour of Death (24hrs) **1700**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)

52. Date Signed (MM/DD/YYYY) **2/19/13**

53. Title of Certifier **MD**

54. License Number **13471**

55. ME/Coroner File Number

56. Was case referred to ME/Coroner? ☒ Yes ☐ No

57. Registrar Signature **X**

58. Date Received (MM/DD/YYYY) **02.20.2013**

59. Amendments

DOH 01-003 (12/11)

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